Minutes of the meeting of the Board of Directors of the Cook County Health and Hospitals System (CCHHS) held Friday, April 25, 2014 at the hour of 8:00 A.M. at 1900 West Polk Street, in the Second Floor Conference Room, Chicago, Illinois.

I. Attendance/Call to Order

Chairman Carvalho called the meeting to order.

Present: Chairman David Carvalho, Vice Chairman Jorge Ramirez and Directors Hon. Jerry Butler; Lewis M. Collens; Ada Mary Gugenheim; M. Hill Hammock; Carmen Velasquez; and Dorene P. Wiese, EdD (8)

Present Telephonically: Director Wayne M. Lerner, DPH, FACHE (1)

Absent: Directors Reverend Calvin S. Morris, PhD and Luis Muñoz, MD, MPH (2)

Chairman Carvalho stated that Director Lerner was unable to be physically present, but was able to participate in the meeting telephonically.

> Director Butler, seconded by Director Hammock, moved to allow Director Lerner to participate as a voting member for this meeting telephonically. THE MOTION CARRIED UNANIMOUSLY.

Director Lerner confirmed his presence telephonically.

Additional attendees and/or presenters were:

Anna Ashcraft – Director of the Real Estate Management Division of the Cook County Bureau of Economic Development
Randolph Johnston – System Associate General Counsel
Terry Mason, MD – Cook County Department of Public Health
Jennifer Purcell – Labor and Employment Counsel
Elizabeth Reidy – System General Counsel
Deborah Santana – Secretary to the Board
John Jay Shannon, MD – Interim Chief Executive Officer and Chief of Clinical Integration
Sharon Welbel, MD – System Director of Infection Control

II. Public Speakers

Chairman Carvalho asked the Secretary to call upon the registered public speakers.

The Secretary called upon the following registered public speaker:

1. George Blakemore Concerned Citizen

III. Board and Committee Reports

A. Minutes of the Board of Directors Meeting, March 28, 2014

> Director Hammock, seconded by Director Butler, moved the approval of the Minutes of the Board of Directors Meeting of March 28, 2014. THE MOTION CARRIED UNANIMOUSLY.

III. Board and Committee Reports (continued)

B. **Minutes of the Human Resources Committee Meeting, April 18, 2014

- Five (5) Collective Bargaining Agreements with SEIU Local 73

Director Wiese, seconded by Director Velasquez, moved the approval of the Minutes of the Human Resources Committee Meeting of April 18, 2014. THE MOTION CARRIED UNANIMOUSLY.

C. Minutes of the Finance Committee Meeting, April 18, 2014

- Master Intergovernmental Agreement between the City of Chicago/Chicago Department of Public Health and the County of Cook/CCHHS
- Contracts and Procurement Items (detail was provided as attachment to Board Agenda)
- Proposed Transfer of Funds
- Proposed Resolution authorizing the closure of three (3) Oak Forest Health Center bank accounts held at Suburban Bank and Trust, in order to consolidate checking/savings accounts

Director Butler, seconded by Director Wiese, moved the approval of the Minutes of the Finance Committee Meeting of April 18, 2014. THE MOTION CARRIED.

Chairman Carvalho abstained and voted PRESENT on request number 3, under the Contracts and Procurement Items contained within the Minutes.

Director Velasquez abstained and voted PRESENT on request number 2, under the Contracts and Procurement Items contained within the Minutes.

D. Minutes of the Quality and Patient Safety Committee Meeting, April 24, 2014

- Clinical training affiliations
- Medical Staff Appointments/Reappointments/Changes

During the discussion of the Minutes, Chairman Carvalho inquired regarding the information provided on the tuberculosis (TB) surveillance update; on page 58 of the minutes packet, he questioned the bulleted section that stated that the City of Chicago withdrew corporate support from TB control. Dr. John Jay Shannon, Interim Chief Executive Officer and Chief of Clinical Integration, responded that the City closed their clinics that were used to provide services for people with TB; this was because, over time, their cases were decreasing, and because they were moving away from direct provision of clinical services. There was an arrangement that was made to sunset those services and fold them into the Cook County Department of Public Health (CCDPH) and CCHHS provision of care. Those services are now being provided in CCHHS clinics at multiple sites and are managed by the Division of Pulmonary and Critical Care Medicine. With regard to the question of who provides those services to persons in suburban Cook County, Dr. Shannon stated that it depends - if the patient has had contact with CCHHS, either in a consultative fashion or by being admitted, they will be followed by one of the CCHHS pulmonary clinics; if they have not had contact with CCHHS and they have only been discovered externally, and have uncomplicated care, they are handled by CCDPH suburban clinics. Dr. Shannon added that, although the City closed their clinics, there is a chargeback system to the City for the care that is provided for those people who are residents of the City.

With regard to the information provided on employee influenza vaccinations on page 17 of the Minutes, Chairman Carvalho noted that, if one was not familiar with this subject within the System, one would look at this

III. Board and Committee Reports

D. Minutes of the Quality and Patient Safety Committee Meeting, April 24, 2014 (continued)

chart and think that CCHHS has a voluntary system of immunization of its employees; in fact, it does not – it is a mandatory system. He stated that the low number of vaccinated employees is unacceptable. Last year, the former Chief Executive Officer, Dr. Ram Raju, asked the Board to not make an issue of this because there were so many other activities going on with respect to enrollment in CountyCare; however, that will not be the case next year. He noted that this matter has been the subject of controversy for the past five years – there is a resistance by many to adhere to the policy adopted by this Board as mandatory. It is not even a medical issue, but a moral issue – the idea that health care workers can expose their patients to preventable disease because they have a unique interpretation of germ theory is morally appalling.

Director Collens, seconded by Director Butler, moved the approval of the Minutes of the Quality and Patient Safety Committee Meeting of April 24, 2014. THE MOTION CARRIED UNANIMOUSLY.

IV. Action Items

A. Approve recommendation that the Cook County Board exercise an option to purchase real estate contained in a Lease Agreement between the County of Cook, as Tenant, and the Hispanic Housing Development Corporation (HHDC), as Landlord, for property located at 2424 S. Pulaski, Chicago, Illinois, which houses the Dr. Jorge Prieto Health Center of CCHHS' Ambulatory and Community Health Network of Cook County (ACHN)** (Attachment #1)

Anthony Rajkumar, Chief Business Officer, and Anna Ashcraft, Director of the Real Estate Management Division of the Cook County Bureau of Economic Development, provided a brief overview of the matter.

Director Wiese, seconded by Director Velasquez, moved the approval of the request to approve the recommendation that the Cook County Board exercise an option to purchase real estate contained in a Lease Agreement between the County of Cook, as Tenant, and the Hispanic Housing Development Corporation (HHDC), as Landlord, for property located at 2424 S. Pulaski, Chicago, Illinois, which houses the Dr. Jorge Prieto Health Center of CCHHS' Ambulatory and Community Health Network of Cook County (ACHN).

Chairman Carvalho stated that an amendment was necessary in order to take into account the respective roles of the CCHHS Board and County Board regarding this type of real estate matter. To clarify, the amendment reflects that the CCHHS Board is approving exercise of the option to purchase, and in accordance with the Enabling Ordinance, the CCHHS Board is asking the County Board approve its approval. The original wording asked the County Board to exercise the option, but that is technically not how it should have been worded. The CCHHS Board exercises the option, and because the amount of the purchase is over $100,000, the CCHHS Board asks the County Board to concur or approve that action.

Director Gugenheim, seconded by Director Wiese, moved the following amendment to the motion: to approve exercise of the option to purchase real estate contained in a Lease Agreement between the County of Cook, as Tenant, and the Hispanic Housing Development Corporation (HHDC), as Landlord, for property located at 2424 S. Pulaski, Chicago, Illinois, which houses the Dr. Jorge Prieto Health Center of CCHHS' Ambulatory and Community Health Network of Cook County (ACHN), and request approval by the Cook County Board of Commissioners of this action by the CCHHS Board of Directors.

IV. Action Items

A. Regarding exercising an option to purchase real estate (continued)

Chairman Carvalho stated that action on the matter would be deferred until after the Board concludes discussion of the matter in closed session.

Following the adjournment of closed session, the Board took the following action.

On the motion to approve, as amended, a voice vote was taken and THE MOTION CARRIED UNANIMOUSLY.

IV. Action Items (continued)

B. Contracts and Procurement Items

There were no contracts and procurement items presented directly for the Board's consideration.

C. Any items listed under Sections III, IV and VII

V. Report from Chairman of the Board

Chairman Carvalho stated that Dr. Shannon has moved right into the Interim Chief Executive Officer (CEO) role; he has appeared in the media and press, which is one of the important functions of the CEO, and has done a fine job with that.

Chairman Carvalho stated that the Board is moving ahead with its search for a permanent CEO. In line with the timing that was planned by the search firm, the Board will have a book of candidates to review in May; the Board plans to begin interviewing in June.

Chairman Carvalho stated that he was invited and agreed to participate in a forum hosted by Crain's Chicago Business on May 1st; every year they have a panel of Chicago-area hospital trustees to talk about current topics in health care and governance. He stated that he will take this as an opportunity on behalf of the Board to pursue that part of the Ordinance that calls for Directors to be advocates for the safety net system and the public and population health-based system. In particular, he will encourage discussion of ways that, under the Affordable Care Act (ACA), systems can responsibly respond to the challenges ahead. Especially in the case of private hospital systems, in light of the fact that there is now an influx of resources supporting persons who theretofore have been uninsured, he is hoping to make the point that with that influx of resources, if they want to stay true to their charitable purposes, they should continue to extend their services to those who remain uninsured even after the ACA, and to actually own the patients that they see that sometimes in the past they have merely bandaged up and sent to CCHHS under the misguided theory that because their patient was uninsured, that patient should be CCHHS' responsibility.

VI. Report from Interim Chief Executive Officer (Attachment #2)

Dr. Shannon provided an update on the following subjects: CCHHS Central Campus Redevelopment; Stroger Hospital Cafeteria Renovations; 2015 Budget Process; Kaiser Family Foundation brief on CCHHS early efforts in Medicaid expansion; CountyCare applications update; Legislation: HR 4302 – Protecting Access to Medicare Act of 2014; Special Events; Recent Media; and Employee Recognition.

Additionally, Dr. Shannon congratulated Dr. Terry Mason, Chief Operating Officer of CCDPH, regarding the certification received from the Public Health Accreditation Board (PHAB); he noted that only 1% of the public health departments in the country have achieved certification at this time. Dr. Mason thanked staff for their work on this two-year effort that resulted in a five-year accreditation from PHAB. He added that there have been discussions with representatives from the Illinois Department of Health (IDPH); it was agreed that the PHAB certification will also suffice for State certification – every five years, when CCDPH applies for and receives PHAB certification, it will also receive State certification.

VII. Closed Session Items

A. Claims and Litigation
B. Discussion of personnel matters
C. Recruitment of Permanent Chief Executive Officer for the Cook County Health and Hospitals System
D. **Minutes of the Human Resources Committee Meeting, April 18, 2014

Director Collens, seconded by Director Hammock, moved to recess the regular session and convene into closed session, pursuant to the following exceptions to the Illinois Open Meetings Act: 5 ILCS 120/2(c)(**1**), regarding "the appointment, employment, compensation, discipline, performance, or dismissal of specific employees of the public body or legal counsel for the public body, including hearing testimony on a complaint lodged against an employee of the public body or against legal counsel for the public body to determine its validity," 5 ILCS 120/2(c)(**2**), regarding "collective negotiating matters between the public body and its employees or their representatives, or deliberations concerning salary schedules for one or more classes of employees," 5 ILCS 120/2(c)(**5**), regarding "the purchase or lease of real property for the use of the public body, including meetings held for the purpose of discussing whether a particular parcel should be acquired," 5 ILCS 120/2(c)(**11**), regarding "litigation, when an action against, affecting or on behalf of the particular body has been filed and is pending before a court or administrative tribunal, or when the public body finds that an action is probable or imminent, in which case the basis for the finding shall be recorded and entered into the minutes of the closed meeting," 5 ILCS 120/2(c)(**12**), regarding "the establishment of reserves or settlement of claims as provided in the Local Governmental and Governmental Employees Tort Immunity Act, if otherwise the disposition of a claim or potential claim might be prejudiced, or the review or discussion of claims, loss or risk management information, records, data, advice or communications from or with respect to any insurer of the public body or any intergovernmental risk management association or self insurance pool of which the public body is a member," and 5 ILCS 120/2(c)(**17**), regarding "the recruitment, credentialing, discipline or formal peer review of physicians or other health care professionals for a hospital, or other institution providing medical care, that is operated by the public body."

VII. Closed Session Items (continued)

On the motion to recess the regular session and convene into closed session, a roll call was taken, the votes of yeas and nays being as follows:

Yeas: Chairman Carvalho, Vice Chairman Ramirez and Directors Butler, Collens, Gugenheim, Hammock, Lerner, Velasquez and Wiese (9)

Nays: None (0)

Absent: Directors Morris and Muñoz (2)

THE MOTION CARRIED UNANIMOUSLY.

Chairman Carvalho declared that the closed session was adjourned. The Board reconvened into regular session.

Following the adjournment of closed session, the Board took action on the real estate matter (Item IV(A) - see page 4).

VIII. Adjourn

As the agenda was exhausted, Chairman Carvalho declared that the meeting was ADJOURNED.

Respectfully submitted,
Board of Directors of the
Cook County Health and Hospitals System

XXXXXXXXXXXXXXXXXXXXXXX
David Carvalho, Chairman

Attest:

XXXXXXXXXXXXXXXXXXXXXXXXX
Deborah Santana, Secretary

ATTACHMENT #1

BUREAU OF ECONOMIC DEVELOPMENT
ANNA B. ASHCRAFT, J.D.
DIRECTOR, REAL ESTATE MANAGEMENT DIVISION
69 W. WASHINGTON, SUITE 3000 ● Chicago, Illinois 60602-4053 ● (312) 603-0040

Transmitting a Communication, dated April 15, 2014 from

ANNA ASHCRAFT, Director, Real Estate Management Division

Requesting authorization to exercise an option to purchase real estate contained in a Lease Agreement between the County of Cook, as Tenant, and the Hispanic Housing Development Corporation (HHDC), as Landlord, for property located at 2424 S. Pulaski, Chicago, Illinois.

In 1994, the County of Cook and Lutheran General Health System (LGHS) entered into a lease agreement with HHDC for the building located at 2424 S. Pulaski to improve the delivery of healthcare at the Dr. Jorge Prieto Health Center in Little Village. The County occupies the entire building which consists of 17,000 square feet.

For the first ten years of the lease, LGHS was responsible for the payment of the base rent and the County was responsible for operating expenses, taxes and annual rent increases equal to 2% of annual base rent. The County paid $2,500,000 for tenant improvements during the first year of the lease.

In 2004, the County became responsible for payment of all rent, taxes and operating due under the terms of the lease for the remainder of the term. The lease expires November 30, 2014.

Under the terms of the lease, the County has the option to purchase the building at the end of the lease term for $125,000 by giving Landlord written notice of County's intent not later than June 1, 2014.

By exercising the option, the County and CCHHS would save the annual base rent and real estate taxes estimated to be $130,000 annually. An inspection has indicated that certain repairs and upgrades to the property will be necessary, at a cost estimated to be in the range of $250,000, however, these improvement costs can be spread out over several years.

If the Board approves the proposed acquisition, this approval shall include the following authorization:

(i) For the Real Estate Director to execute any and all notices under the Lease; and
(ii) For the President or the Real Estate Director to execute any and all documents and instruments and to take such other action as may be necessary to effectuate the purchase of 2424 S. Pulaski, Chicago, Illinois.
(iii) For the Comptroller to pay the Purchase Price of $125,000 and Purchaser's share of customary closing costs and title charges up to $10,000.

This item is being submitted for approval by the Cook County Board of Commissioners at the meeting of May 21, 2014.

Approval is respectfully recommended.

APPROVED
APR 25 2014
BY BOARD OF
DIRECTORS OF THE COOK COUNTY
HEALTH AND HOSPITALS SYSTEM

ATTACHMENT #2

- The Cook County Department of Capital Planning is leading the **CCHHS Central Campus Redevelopment**. In keeping with Vision 2015, the goal is to create a feasible plan to better utilize the campus taking into account future patient and staff needs. As the project moves forward, the CCHHS Board and staff will have the opportunity to weigh in during the process.

- Renovations to the **Stroger Hospital Cafeteria** are complete.

- The **2015 budget** process is underway. System leadership is currently working on capital requests. The President is expected to release the preliminary budget early summer.

- The **Kaiser Family Foundation** recently published an issue brief on our early efforts in Medicaid expansion. The brief is available on our website.

- **CountyCare** applications continue. As of April 22nd:
    - 154,000 applications initiated
        - 95,190 applications approved
        - Nearly 3,000 applications approved that were initiated at the jail

Legislation: HR 4302 - Protecting Access to Medicare Act of 2014

- *Sustainable Growth Rate:* On April 1, 2014 President Obama signed into law HR 4302 - Protecting Access to Medicare Act of 2014, a bill that created a one-year patch till April 2015, to the Medicare physician payment system, preventing a 24 percent cut to Medicare physician reimbursement. This is the 17th time the payment system has been patched in the past 11 years. In 1997, Congress created the Sustainable Growth Rate (SGR), a system that restricted the amount of money budgeted for Medicare payments to projected growth of the economy. However, within a few years, health-care costs far outpaced economic growth creating a multibillion-dollar shortfall in funding for Medicare payments. Since 2003, Congress has approved "doc fix" bills that appropriate more money to Medicare funding in order to avoid cuts in the Medicare reimbursement rates for doctors.
- *DSH:* Included in HR 4302 was a further delay in cuts to Medicaid disproportionate share hospital (DSH) payments, postponing them until federal fiscal year (FFY) 2017. This delay contains a provision mandating an annual report by the Medicaid and CHIP (Children's Health Insurance Program) Payment and Access Commission (MACPAC) on Medicaid DSH payments that will provide an understanding for the future need for DSH payments. The report will collect data relating to changes in the number of uninsured individuals; the amount and sources of

hospitals' uncompensated care costs, including the amount of such costs that are the result of providing unreimbursed or under-reimbursed services, charity care, or bad debt; identifying hospitals with high levels of uncompensated care that also provide access to essential community services for low-income, uninsured, and vulnerable populations, such as graduate medical education, and the continuum of primary through quarternary care, including the provision of trauma care and public health services; and State-specific analyses regarding the relationship between the most recent State DSH allotment and the projected State DSH allotment for the succeeding year. The first report is required to be submitted to Congress by February 1, 2016, subsequent reports shall be submitted through 2024.

- *ICD-10:* Also among other provisions in the Protecting Access to Medicare Act of 2014 was a delay in the conversion to ICD-10 (next-generation medical coding system) by one year. The transition from ICD-9 to ICD-10 code sets is to accommodate codes for new diseases and procedures. The switch means that health care providers and insurers will have to change out about 14,000 codes for about 69,000 codes. In August 2012, the Department of Health and Human Services (HHS) released a final rule that had officially delayed the ICD-10 compliance date from October 1, 2013, to October 1, 2014, in part to look at the incremental changes needed in reforming health care. With the passage of HR 4302 the deadline for implementation is now October 2015.

Special Events

- Provident Hospital **For Men Only Health & Wellness Fair**, Saturday, April 26th from 11:00am – 2:00pm.
- **Donate Life Month** Press Conference with Secretary of State Jesse White and Cook County Board President Toni Preckwinkle, Monday, April 28th at 10:00am in the Stroger Lobby.

Recent Media

- The **Daily Whale** and **Crain's Chicago Business** have run Q&As with Dr. Shannon.
- The Stroger Trauma Unit has been part of a number of stories around violence in Chicago including **CBS** and **ABC**.
- The **Sun-Times** ran an op-ed piece from President Preckwinkle and Dr. Shannon on the success of CountyCare enrollment at the Cook County Jail.

Employee Recognition

- This week we celebrated **Administrative Professionals** week and I have to tell you that we have some of the best here at the CCHHS. I will not attempt to name them all but rather to collectively thank each one of them for their commitment to the mission of the CCHHS and their unending patience with their respective teams. Many of the admins at CCHHS assist several members of the team which requires a certain amount of balance and a whole lot of fortitude. We have asked a few of the admins that the Board may interact with to join us this morning so if you haven't put a face to a name, allow me to introduce them...Cheryl Mitchell, Natasha Nickerson, LaTonya Seals, Yvette Blakely Alexander, Sallye Mayberry.

Daily Whale: **Q+A with Dr. John Jay Shannon, CCHHS interim CEO**

Mon, 03/31/2014
By: Matthew Blake

Dr. John Jay Shannon, 53, was slated on Monday to begin serving as interim CEO of the Cook County Health and Hospitals System, a mammoth system taking steps to shed its reputation as simply an emergency provider of last resort.

Just last Friday the CCHHS Board approved a $1.8 billion contract for an Illinois company to help run CountyCare, the managed health care plan started by departing CEO Dr. Ram Raju for Medicaid-eligible residents under the Affordable Care Act.

Raju, in concert with Cook County Board President Toni Preckwinkle, focused on CountyCare and other programs that could both reduce county taxpayers' burden and encourage patients to see CCHHS as more than just an emergency option. Raju's three-year tenure won effusive praise for saving taxpayers money and reviving leadership at a historically-maligned institution.

The former CCHHS director of clinical integration, Shannon is expected to be interim CEO until the end of June when the board picks a permanent replacement. Shannon has not said if he wants the permanent position, noting that the selection process is dictated by the board.

Shannon previously helped lead Dallas's Parkland Hospital, where he served as chief medical officer from 2007 to 2012. During that time period, Parkland ran into regulatory trouble, and the federal government took control of the hospital system in 2011.

The Daily Whale recently sat down with Shannon to discuss, among other topics, Raju's legacy, Parkland, and the future of CCHHS.

DW: Where did you grow up and how did you get into your current career?

JS: I actually grew up in the West Suburbs of Chicago in LaGrange. Big family – I'm the eighth of 12.

I probably didn't decide about medicine as a career until college. My mom's a nurse, and I always had terrific respect for her and the satisfaction she got out of [her job]. I went to medical school at Rush [in Chicago], and I really didn't set foot in a public hospital under the last four weeks of my medical school career. It was the last thing I did [at medical school], and I did it as kind of a lark. But I ended up doing my residency at the public system down in Dallas – Parkland – for my internal medicine training.

Parkland was a busy, urban hospital and [after my time there] I thought, well, I maybe should do something at the busy, urban hospital [Cook County Hospital] that I've been walking past for four years. I got my start [at Cook County Hospital] as a general internist after my residency, and I fell in with the general medicine division at Cook County in the early 1990s.

DW: Why work at large, public hospitals?

JS: You can't help but work in an environment like that and start to take the personal experiences the patients relate to you and not be affected by that. So even though I followed a kind of traditional trajectory, my [public hospital time] had a big influence on what kind of issues and problems had me up at night thinking.

In my career, though I've been across the spectrum from the poorest populations in the country to the wealthiest populations, my personal interest has been more around the end of the spectrum where it looks like people have been getting a raw deal. I always felt the greatest personal challenge, but also the greatest personal rewards, were working with poor, urban populations.

DW: Describe your work prior to returning to Parkland in a hospital executive role in 2007. You worked at Cook County Hospitals from 1990 to 2007, correct?

JS: Yes, but I worked [at Cook County Hospitals] in separate chunks. I did two years when I was in general internal medicine, kind of doing primary care. I also did 12 years as an internal medicine specialist, so I was here from 1995 to 2007 as a specialist in lung diseases and critical care.

I was unexpectedly given an opportunity back at the place I trained in Dallas in 2007, and that was kind of a career left turn. It was a leadership role at a place that I had very strong allegiances and feelings for because I had my residency training there.

But the role of chief medical officer was a very different role. It took me away from what I had been predominantly doing around clinical care, delivery, education, and teaching and took me toward a focus of organizational leadership.

DW: Was Parkland your first experience in hospital administrative leadership?

JS: It was at that scale. I had been in leadership roles [Ed. note: At Cook County's Department of Medicine, Shannon helped develop new departmental strategies], but they had been at smaller levels. When I did my five years as chief medical officer at Parkland, it was for their entire health system.

DW: The federal government took over Parkland in 2011. What did you learn from that experience? [Ed. note: In 2011, the U.S. Center for Medicare Services put the Parkland hospital system under a federal monitor. Over the next year, reports from the monitor documented serious health and safety violations at Parkland.]

JS: The further I get away from it, my view from that experience does change.

First of all, the decision to go there was a difficult one. I was uprooting my family and moving farther way from family and friends. I was taking on a pretty challenging role and not one that I had played before.

I'm grateful to that the institution and the people I worked with. I developed invaluable experience with organizational structures, clinical operations, and how to find, attract, and motivate talented leaders.

It was a time when you got to see the best and the worst of leadership behavior. Although, I'm not happy what happened to the organization or to me personally, when [the federal takeover] happened, after kind of the initial shock of it, there were a couple of choices: leave or ramp up your energy level and try to fix the problems that were at hand. My own approach was to try to everything I could to help the organization be successful.

I was the last member of the executive team to leave. I was down there for the patients we were serving. And whether we were in a good light or bad light at the time, you had to compartmentalize that and do the work at hand. [Amid all our rebuilding], we were still an organization where we saw 500 people come in a day, sick as a dog, and we're delivering 350 babies and have 2,000 ambulatory visits a day.

It was an intensely busy environment that didn't allow you to just go in a hole and say, "We're going to do some fixing – We're going to re-open the shop in six months." You had to fix it while you were on the fly.

It gave me a real chance to learn the dynamics between institutions. ... Everything from trustees to politicians at state, local and county levels to academic affiliates to individual leaders in the organization.

It's not an experience you would choose to have, ... but I learned a lot. I learned a little bit about myself, and I learned a lot about my wife's tolerance – which is almost infinite.

DW: In selecting you as interim CEO, Board Chairman David Carvahlo defended your role at Parkland as one of the "good guys" who tried to productively work with federal monitors. Why did you eventually leave then – was it your choice to leave?

JS: It was my choice. I started to reflect a bit on how much I'm asking of my family. At a certain level it was starting to be more about me than it was about my family. [My family situation] really, at the end of it, told me it was time to move on and look for another opportunity.

DW: What brought you back to Cook County?

JS: I came back at the end of 2012. To me, the kind of energizing and attracting feature was a new, very purposeful county president, who I have gigantic respect for, clearly setting a new direction for how the county is going to operate.

I met Dr. Raju through some mutual friends and talked to him a little bit about what's going on. I really got the notion that [Cook County Hospitals] is a totally different kind of place. To me that was very exciting. We also got a system board in place [in 2008] – a competent system board with pretty good processes in place.

Those things were absent when I left in 2007 and they were part of the reason I left. I think if what was happening here in 2012 was happening here in 2007, I'm not sure I would have gone to Dallas.

DW: What will you focus on as interim CEO?

JS: Dr. Raju did absolutely phenomenal and critical work in a couple of areas. He turned us around financially, he gave us a vision; he established a leadership team that was not present when he got here.

He re-established credibility for the organization. ... I need to continue that. How do we as an organization continue to develop the things that are necessary [to run] a managed care plan? It's a new skill for us. And how do we intersect the finances of a managed care plan with the finances of a health care system that is partially supported by taxpayer dollars?

The other piece – this is not only because of my experience in Dallas, but it's largely driven by my experience in Dallas – we have to absolutely make sure that we're delivering safe, high-quality care to patients.

Patients are not stupid, and they will find a way to get care at a place that treats them well and with respect. We've got to find a way to be a health plan of choice and not one of last resort. The people who got into the ACA in 2013 under CountyCare, they did it because it was the only rope they could grab. [Ed. note: A federal waiver extended ACA Medicaid eligibility early for patients who enrolled in CountyCare. Medicaid expansion started for the entire state Jan. 1.] This year they're going to have a couple of ropes out in front of them, and they could grab one of the other ones.

And we're going to have to make serious investments, as an organization, in the people and the tools to develop that. We've got to make much, much bigger steps in the development of our staff.

DW: How can you make such a staff investment, though, when the county president and county board control your budget?

JS: Well, we have to make the compelling case. It's really important for our board to articulate to the county commissioners why it is that we need what we need, when we need it. We're not going to be successful in these bold goals that I've outlined if we don't find a way to find the, if you will, R&D dollars any good company does to invest in itself.

DW: How dependent is CCHHS on the policy dictates of the county board president? What happens to CountyCare and the whole re-build of CCHHS if, for example, Precwkinkle runs for mayor in 2015 and a new county president comes in?

JS: There's no question that a gigantic amount of the success in obtaining the waiver and then delivering on it was due to the alignment. ... [of the] talent and dedication and drive of both President Preckwinkle and Dr. Raju.

County board presidents just like health system CEOs, though, are not irreplaceable. I'm hoping President Preckwinkle wants to serve for 20 years. But if she chooses to go down a different career path, we can't just all start crying about it. We got to figure out how do we get the right person in there. At the end of the day, that's really up to the voters. We've got to do a good job of communicating how critical this health system is to the community.

It's not just this thing on the West Side that, thank god, it exists if I get shot or get in a car accident. It's a community asset in a million different ways and it's up to the leadership of the organization to make that case very clearly to the public.

It's when the [county board and CCHHS] leadership systems are not aligned that we get into big, big trouble.

DW: A job as executive of Cook County Hospitals sounds exceedingly stressful. What do you do to relax?

JS: I've got a big family. I like spending time with them. I like to bike.

DW: Where does your family live?

JS: They're mostly around here. So I've got 11 siblings, two of them are on the East Coast, but everybody else is around here so we get together a lot.

And my wife and I are in the South Loop. We're semi-empty nesters – We have three [now adult] kids – two sons and a daughter.

Crain's: What is Cook County Health's interim CEO thinking?

By Kristen Schorsch April 15, 2014

As a college junior, **John Jay Shannon** got a taste of his future life as a physician. He biked from his apartment to a small hospital in Mobile, Ala., where he worked for about a year, performing tasks on nights and weekends that, he recalls, nobody else wanted to do.

Among the duties: shaving patients the night before their surgeries. The practice no longer is typically done since it increases the likelihood of getting an infection at the surgical site, he said.

"Almost everything that I did then has been shown to be either a bad practice, or it's something we don't do anymore," said Dr. Shannon, 54. "It's very interesting to see how medicine changes over time."

Dr. Shannon, who spent 15 years in the **Cook County Health & Hospitals System** between various stints, was second-in-command behind **Dr. Ramanathan Raju** until about two weeks ago, when the chief executive departed for a **new gig** in New York after leading Cook County Health for about two-and-a-half years. Dr. Shannon, a champion of helping improve the health of asthmatic patients, took over as **interim CEO**.

The Cook County system, one of the largest public health systems in the country, treats a disproportionately large portion of poor and uninsured patients. The two-hospital network includes John H. Stroger Jr. Hospital on the Near West Side, Provident Hospital on the South Side and a network of clinics.

In a recent interview with Crain's, Dr. Shannon highlighted his immediate goals: keeping the momentum going for two landmark initiatives Dr. Raju spearheaded — launching and expanding an innovative Medicaid program called **CountyCare**, and **selling an HMO product** on the **Illinois Health Insurance Marketplace** this fall.

His other goal is more personal: to make his temporary position permanent.

The son of a nurse and a plastic film salesman, Dr. Shannon is the eighth of 12 children. "I come from a really big family," Dr. Shannon said. "We talk a lot. We laugh a lot. You have to kind of get a word in edgewise."

Here, in this edited transcript, he gets his say:

Crain's: You've only been in your interim role for a short time, but how has your life changed?

Dr. Shannon: I think for me the part that has changed is certainly having a better understanding of all the things that Dr. Raju was doing that I was not doing.That's a pretty big book of business. Dr. Raju left the organization in far

better shape than he found it two years earlier. And so I'm lucky to be leading the organization at a time when I think we've got an established vision. I think we're in far better financial shape than we were in 2011. We're still filling out a few pieces of that, but we've got a good leadership team in place.

The other thing that Dr. Raju was able to do that I hope I'll be able to maintain is to kind of establish credibility as an important part of the health care delivery system for the region and a place that plays an important role, that isn't an afterthought to the academic health centers and to the big private non-for-profits.

You mentioned Dr. Raju's big book of business. Can you provide an example of initiatives he was doing that you weren't?

Dr. Shannon: The integration and continued evolution of the managed care program that is CountyCare.

How are things going with CountyCare and creating a product to sell on the exchange?

Dr. Shannon: It's really fun to look back on the past year. I joined the organization in the last week of February of 2013, and we were literally setting up shop. I remember, you know, celebrating because we had 100 members. We are now over 90,000 card-carrying members, which is just an unbelievable accomplishment.

We are continuing to pursue an HMO license. A very substantial proportion of people who are in Medicaid will earn enough money to fall out of eligibility for Medicaid, and similarly people who are working at the lower end of the economic spectrum may lose work and fall into Medicaid eligibility. As those transitions are happening, we don't want people to be falling in and out of care.

At what stage are you with getting the license from the state?

Dr. Shannon: Actually that's a separate piece. We first have to get a resolution passed by the General Assembly that allows us as a county to get and hold an HMO license. That's kind of working its way through our policy and our legislative point people. And in the meantime, if we needed to we could lease a license.

When do you think the General Assembly will sign off on a bill to license the county?

Dr. Shannon: That's one of those things that's always in flux. It's a busy year. It's an election year.

A permanent CEO could be named within a few months. It's not a lot of time to be interim, so how do you envision your role?

Dr. Shannon: As interim my most important role is to keep the organization moving, keep it moving on the strategies that we've got laid out for this year.The fact that the CEO leaves, it doesn't mean that we go into a state of suspended animation.

Do you have any changes in mind that you would like to make?

Dr. Shannon: It's not a stabilizing behavior to come in and say, 'OK, now that guy's gone. Here's what I'm going to do.' As I mentioned a little bit ago, I think Dr. Raju set out a very audacious, but a very doable plan. And so I am trying to keep the focus of the organization on the execution of that plan. We will not be incorporating any significant deviations from that plan.

If the Cook County hospital board asked you to be the permanent CEO, would you take the job?

Dr. Shannon: If they asked me to be the chief executive officer, I would.

What do see as some of the challenges on your plate?

Dr. Shannon: 2013 was the can-we-enroll-them in CountyCare year. In 2014 a big focus is on how are we delivering care, and are we delivering on the promise of a managed care plan. That is, are we delivering high-quality

care in a coordinated way? It's actually improving the health of these individuals who were previously uninsured. That's a big deal and it's a significant challenge.

You're also still chief of clinical integration, overseeing patient care and quality. How are you juggling both of these large roles?

Dr. Shannon: We've brought on very competent leadership over operations of ambulatory, over operations of hospital-based services. We have a dynamic and I think very effective nursing executive who's helping to coordinate functions there. And other members of the team are being brought on so that different from when I joined a year ago, we have both a broader and a stronger supporting cast that's helping.

In a recent interview on WTTW's "Chicago Tonight," you mentioned lessons you learned as chief medical officer of Parkland Health & Hospital System, a Dallas system that the federal Centers for Medicare & Medicaid Services deemed 'an immediate and serious threat to patient health and safety.' Can you shed some light on those lessons and how you're applying them here?

Dr. Shannon: When you're working in an urban safety-net environment, you don't have the ability to turn on or turn off the demand spigot, which other organizations do. So that when problems come up, you have to fix them at the same time that you're responding to the care needs and demands of the community that you serve. That's a real challenge for people who work in public health because the demand always outstrips your ability to meet it.

And so I try to look at the things that we're trying to do both within our health system and within the context of CountyCare and say, 'How do assure that the care that we give is going to be reliable, that it's going to be safe?' Patients have got to have an experience that's so good that not only will they say no when they are buffeted by requests to jump to another system of care, but in fact that they become our proselytizers.

Sun-Times Op-Ed: Help arriving for jailed mentally ill

By Toni Preckwinkle & Dr. Jon Jay Shannon

April 20, 2014

More than 92,000 Cook County residents who did not have health insurance a year ago now are covered by CountyCare.

The Cook County Health and Hospitals System created CountyCare to early enroll individuals in Medicaid who are newly eligible — including low-income, single adults without dependent children — under the federal Affordable Care Act. In addition to medical benefits, CountyCare covers mental health and substance abuse treatment.

CountyCare is uniquely positioned to provide coverage to individuals involved in our criminal justice system, because the expanded Medicaid population mirrors the makeup and the needs of a large portion of the people in the Cook County jail.

Based on our experience, roughly 20 percent of the people entering the Cook County jail suffer from mental illness, which often coincides with substance abuse.

CountyCare gives us an opportunity to provide access to healthcare to people being released from jail, which is in the interest of public health and public safety.

We've seen firsthand what a study released last week by the Treatment Advocacy Center proved: prisons and jails have become America's "new asylums." It found that the number of individuals with serious mental illness in prisons and jails exceeds the number of people in state psychiatric hospitals tenfold. In 44 states the biggest mental health institution is a prison or jail, according to the study. And three facilities — including the Cook County jail — house more inmates with serious mental illness than all the state hospitals in their respective states.

We can provide episodic care at the jail by stabilizing individuals and making sure they get their proper medications. But individuals' long term needs, especially when it comes to mental health, go far beyond the care we can administer at that facility.

Now, with CountyCare coverage, when people leave the jail we have a way to ensure they have access to health care. Our partners, including Sheriff Tom Dart, the state Medicaid program and the advocacy organization Treatment Alternatives for Safe Communities, are all equally committed to the cause.

When we started the program at the jail last April, we focused our screening process on individuals charged with nonviolent offenses who had low bonds. A year later roughly 3,200 of our overall CountyCare enrollment stems from people who applied at the jail.

We know that giving this population an insurance card isn't enough. They need access to care once they are released and re-enter the community. Our continual goal is to make sure they are linked with a doctor, have access to prescriptions and continue behavioral health counseling and other treatment.

Our hope is that by providing health-care coverage, we will ultimately reduce recidivism. Through CountyCare, we have the potential to change the makeup of the jail population, decrease the burden on local taxpayers, and ensure that the most vulnerable patients have access to coordinated care.

Toni Preckwinkle is president of the Cook County Board. Dr. John Jay Shannon is interim CEO for the Cook County Health and Hospitals System.

Doctor: Child Gunshot Victims Make It 'Personal'

April 21, 2014

(CBS) –Many of this weekend's shooting victims ended up at Stroger Hospital on the West Side.

CBS 2's Dorothy Tucker spent the day in the emergency room talking with those on the front lines.

This weekend, at least 44 people were shot in Chicago. More than a third were rushed to Stroger.

Dr. Fred Starr was there, in the thick of the trauma, when 14 gunshot victims came in.

Most were men, he says, in their twenties and thirties.

"But when the children come in, they're in the wrong place at the wrong time and I think that is the biggest tragedy," Starr says.

Eleven-year-old Tymisha Washington came in Sunday night with three gunshot wounds. Two were life-threatening.

It hit home for Dr. Starr.

"I have two daughters of my own about that same age, and it makes it very personal," he says.

Prof. Shahram Dana teaches criminal law at John Marshall. His opinion:

"It has a lot to do with the economy. I think it has to do with how easy guns are accessible ... We've become desensitized to violence."

When you see the violence every day, like Dr. Starr, "You focus on taking care of people and doing the best you can," he says.

Stroger sees more gunshot victims than almost any in the country. Last year alone, 6,500 trauma patients rushed through these doors — 650 had been shot.

Park Manor drive-by injures 5 children near 67th and Michigan

April 21, 2014 (CHICAGO) (WLS) -- Two girls, 11 and 15 years old, remain hospitalized after a drive-by shooting in which three other children were also wounded.

Someone inside a vehicle opened fire near 67th and Michigan around 7:40 p.m. Sunday. Police said the suspects asked if any of the children had gang ties and opened fire before thy answered.

"I just saw people getting shot. Then I'm trying to push people like my little brother and them in front of me, and tell them to run and, stuff like that, and by the time I tried to run I just got shot in my leg. And I fell and Ii just saw my little cousin getting shot," Jamante White, 14, said. He was shot in the leg and treated and released at the hospital.

His cousin, 11-year-old Tymisha Washington, was shot twice and remains hospitalized in serious condition.

"The younger patient, who is 11, she was shot in the chest and neck. She required a little more work on our part. We had to put a tube in to drain blood from her lung, as well as re-inflate her lung," Dr. Frederic Starr, Stroger Hospital, said.

Three other girls, all 15 or younger, suffered less serious injuries. One of them also remains hospitalized with a wound to the wrist.

No one is in custody in the shooting. The children's grandmother said they do not have gang ties, and they had just left church to play in the park.

"Why shoot innocent children that's just trying to live day to day. Why try to kill them?" Rebecca Washington, grandmother, said. "I'm just devastated my grandchildren can't even have a Sunday. Go to church, enjoy God's service, and then can't go outside to play without getting shot."

Deadly weekend in Chicago; St. Sabina's hosts vigil

Nine people were shot to death and 35 were injured in shootings over the weekend, according to Chicago police.

"We've had, unfortunately, a bad week. It doesn't wipe out what's happened over the last two years. But it's certainly a wakeup call that we have a lot of work to do," Chicago Police Supt. Garry McCarthy said while at a graduation for new Chicago police officers. He said a complex strategy is in place to combat violence.

Community activist Father Michael Pfleger called upon parents and children to gather at St. Sabina Parish, 7800 South Racine, on the city's South Side for a vigil at 6 p.m. The church released a statement, "This is unacceptable! Violence cannot be an option and warm weather cannot lead to a loss of lives."

Chicago Mayor Rahm Emanuel is expected to attend the peace vigil.

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April 2014 | Issue Brief

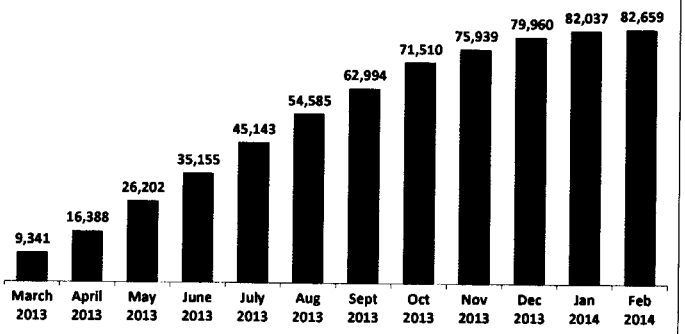
Profiles of Medicaid Outreach and Enrollment Strategies: The Cook County Early Expansion Initiative

Samantha Artiga

Introduction

In late 2012, Illinois obtained a Section 1115 demonstration waiver that allowed the state to get an early start on the Affordable Care Act (ACA) Medicaid expansion for adults in Cook County. Named "CountyCare," the demonstration was designed to help the state and Cook County Health and Hospitals System (CCHHS) build capacity and experience to support implementation of the expansion in 2014 and get a jump-start on enrollment. Cook County, Illinois encompasses 132 municipalities including the City of Chicago and has a total population of 5.2 million people, accounting for over 40 percent of all Illinois residents.[1] Over 618,000 uninsured adults are estimated to be eligible for the ACA's Medicaid expansion in Illinois, with over 341,000 of them residing in Cook County.[2] CCHHS serves as a key safety-net provider for the low-income uninsured population in Cook County and is the third largest public hospital system in the nation.[3]

Figure 1
Total Number of Enrollees in CountyCare, March 2013 to February 2014



SOURCE: State of Illinois through communications with Cook County Health and Hospitals System.

This brief provides an overview of the CountyCare waiver experience, which may help inform continued efforts as the Medicaid expansion is implemented across states. It finds that, in just over 12 months, more than 82,000 Cook County residents successfully enrolled in CountyCare coverage, allowing the state and county to get a significant jump start on the Medicaid expansion (Figure 1).[4] Illinois implemented the full Medicaid expansion in January 2014 and automatically transitioned CountyCare enrollees to the expansion. As of March 2014, CountyCare members account for nearly half of the total statewide enrollment of adults into the Medicaid expansion.[5]

Overview of the CountyCare Waiver

On October 26, 2012, Illinois received approval from the Centers for Medicare and Medicaid Services (CMS) for its Cook CountyCare Section 1115 demonstration waiver, which allowed the state to expand coverage to adults with income at or below 133% of the federal poverty level (FPL), who reside in Cook County. Eligibility for CountyCare is limited to adults age 19-64, who meet citizenship and immigration status requirements and do not qualify for Medicare or Medicaid or CHIP. When initially implemented, CountyCare members were

covered for a broad range of services provided through CCHHS sites and a network of community providers contracted with CCHHS to provide care under the waiver, similar to a managed care plan.

Application and Enrollment

Between February 2013 and February 2014, more than 113,000 applications were submitted for CountyCare, with more than 82,000 approved and approximately 18,000 pending review.[6] The remaining applications were denied for a variety of reasons including the applicant having income above the eligibility limit, being eligible for regular Medicaid, or the application missing information needed to process the determination.

To enroll in CountyCare, individuals apply through a CountyCare application assister. Prior to initiating a full application, application assisters ask individuals six screening questions to determine if they will likely be eligible for CountyCare. This pre-screening process contributed to a high approval rate for submitted applications, with over eight in ten (85%) submitted applications for CountyCare approved.[7]

Application assisters are available at locations across the county and through a call center. Some 375 CountyCare application assisters are located at 92 geographically dispersed sites throughout the county including CCHHS sites and Federally Qualified Health Centers (FQHCs) contracted to provide services as part of the CountyCare provider network under the waiver.[8] In addition, CCHHS established a call center through which individuals can apply for CountyCare, which is open weekdays from 8:00am to 8:00pm and Saturdays from 9:00am to 2:00pm.[9] Through the call center, application assisters complete the CountyCare application and then mail a signature page and self-addressed stamped envelope to applicants to return with necessary documentation. Over half of all applications have been initiated through the call center. Over 100 state eligibility caseworkers were hired to process applications submitted for CountyCare. These applications are processed centrally through an Illinois Department of Human Services local eligibility office. Cook County contributes the non-federal share of funding to cover the costs of administering the waiver.

Outreach

Broad outreach for County Care was conducted through a variety of avenues including earned media, primarily through neighborhood newspapers and digests; posters and flyers; and community outreach events. For example, local pastors and community leaders visited over 300 places of worship to educate people about CountyCare. In addition, CountyCare application assisters participated in an event hosted by the City of Chicago that brought together freelance musicians and artists, many of whom were uninsured and eligible for CountyCare.

In addition, targeted outreach was provided to uninsured patients at CCHHS and network health centers who were likely eligible for CountyCare. These patients received recorded calls that advised them about CountyCare and offered to connect them directly to the call center to begin an application. Health center staff also provided information about CountyCare to patients in waiting rooms.

Outreach was also conducted through other areas of Cook County government. For example, information was included with paychecks to CCHHS staff as a general education tool. Probation officers were

also provided with information and training on CountyCare eligibility requirements, the application process, benefits, and network to help connect their clients to coverage. Further, local elected officials, including County Commissioners and Chicago Aldermen offices included information about CountyCare in their newsletters and communications to district residents.

An initiative was also established to assist detainees in applying for CountyCare while going through the Cook County Jail intake process. This partnership effort between CCHHS, the Cook County Sheriff, and Treatment Alternatives for Safe Communities, a local non-profit organization, resulted in over 13,700 initiated applications. About 4,400 of these applications have been submitted and over 2,400 individuals have enrolled.[10]

Connecting CountyCare Enrollees to Care

Once an individual is determined eligible for CountyCare, he or she receives a welcome call and is asked to select a medical home and make an initial appointment for care. Many individuals enrolling in CountyCare need help understanding how to use their health coverage and the role of their primary care provider since they may not have previous experience with health coverage. Individuals have been enthusiastic about the coverage opportunity, particularly to gain coverage for physician and hospital services and prescription drugs. Overall, there are significant health needs among individuals enrolled in CountyCare, with many requiring case management and supportive services. As more understanding is gained about the health needs of the population, CCHHS intends to develop initiatives for care coordination that will build upon the existing strengths and assets within the CountyCare provider network.

Transition to the 2014 Medicaid Expansion

As of January 2014, Illinois expanded Medicaid under the ACA to include adults with incomes at or below 138% FPL. Prior to the expansion, Illinois already covered parents with incomes up to this level, but other adults without disabilities were not eligible, regardless of their income level.

CountyCare enrollees were automatically transitioned to the Medicaid expansion. Individuals enrolled in CountyCare did not need to reapply for coverage under the expansion as the state obtained federal approval to administratively enroll CountyCare members into the new adult expansion group. Moreover, when the expansion took effect, benefits for CountyCare members were expanded to align with the Medicaid benefits package provided to all expansion adults. Additional services covered under this benefit package include optometry care and eyeglasses, as well as audiology services. In addition, individuals who reside in Cook County and are eligible under the Medicaid expansion now have the option to continue to obtain services through the CountyCare provider network or may opt-out to receive care through any of the state's Medicaid providers.

CMS approved the state's request to temporarily extend the CountyCare waiver to June 30, 2014. This extension enables the state to continue using the same per member per month payment methodology it had been using under the waiver for services provided through the CountyCare provider network. The experience with this payment methodology is intended to help inform the state's preparations to establish capitation rates as it transitions its overall Medicaid population in Cook County to managed care.

Beginning as of February 2014 and phasing in over time, Medicaid beneficiaries in Cook County and other counties throughout Illinois will be asked to choose a managed care plan or coordinated care network. Those who do not make an active choice will be auto-assigned into a plan. CountyCare is intended to be available as a plan option as enrollees are transitioned to managed care plans.

CCHHS also is developing several low-cost private insurance plans that will be offered through the new Health Insurance Marketplace. The goal of these plans is to support continuity of care for individuals who move between Medicaid and Marketplace coverage. These private plans will build upon the structure of the current CountyCare network and will be available for purchase during the 2014-2015 open enrollment period.

Conclusion

Overall, Illinois was able to get a significant early jump start on its Medicaid expansion through the CountyCare waiver. Individuals successfully enrolled in coverage by applying both in-person with application assisters and through the call center and were connected to medical homes to help coordinate their care. Looking ahead, the state is seeking to build upon some of the successful CountyCare outreach and enrollment initiatives as it implements the broader ACA Medicaid expansion.

This issue brief is part of a Kaiser Commission on Medicaid and the Uninsured series of profiles on Medicaid and CHIP Outreach and Enrollment Strategies. The author extends her appreciation to Kathy Chan with the Cook County Health and Hospitals System for providing the data and information used in this report.

Endnotes

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